

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 90, “Targeted Case Management,” Iowa Administrative Code.

These amendments:

- Clarify when contacts made by E-mail are an allowable case management activity.
- Clarify that targeted case management is not reimbursable when case management activities are provided through an assertive community treatment (ACT) program.
- Make the provision of 24-hour emergency access to the case manager optional.
- Correct outdated terminology and remove outdated effective dates and language on child welfare decategorization counties that is no longer applicable.

Notice of Intended Action on these amendments was first published in the Iowa Administrative Bulletin on February 9, 2011, as **ARC 9367B**. An Amended Notice of Intended Action was published on April 6, 2011, as **ARC 9448B**. The Department received five comments on the Notices of Intended Action. The comments concerned the requirement for 24-hour access to a case manager and the burden of completing the case management comprehensive assessment form.

In response to these comments, the Department has revised the amendment to subparagraph 90.5(1)“b”(5) by deleting proposed numbered paragraph “3” and adding the following language to numbered paragraph “2”: “The interdisciplinary team shall determine which of the following options will be included in the crisis intervention plan:

“• After-hours contact information for all persons or resources identified for the member and an alternate contact to be used in the event that an individual provider not employed by an agency is not present to provide services as scheduled; or

“• After-hours contact information for an on-call system for the provider of case management to ensure that in the event of an emergency, members have access to a case manager 24 hours per day, including weekends and holidays.”

The Department was already aware of concerns with the assessment form. Earlier this year, a group of case management providers looked for ways that the form could be shortened but still gather the information needed. After several meetings, the group determined that they had no recommendations for shortening the form.

These amendments do not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

The Council on Human Services adopted these amendments on June 8, 2011.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments shall become effective on September 1, 2011.

The following amendments are adopted.

ITEM 1. Rescind rule 441—78.33(249A) and adopt the following new rule in lieu thereof:

441—78.33(249A) Case management services. Payment will be approved for targeted case management services that are provided pursuant to 441—Chapter 90 to:

1. Members who are 18 years of age or over and have a primary diagnosis of mental retardation, developmental disabilities, or chronic mental illness as defined in rule 441—90.1(249A).
2. Members who are under 18 years of age and are receiving services under the HCBS intellectual disability waiver or children’s mental health waiver.

This rule is intended to implement Iowa Code section 249A.4.

ITEM 2. Amend paragraph **79.1(1)“d”** as follows:

d. Fee for service with cost settlement. ~~Effective July 1, 2009, providers~~ Providers of case management services shall be reimbursed on the basis of a payment rate for a 15-minute unit of service based on reasonable and proper costs for service provision. The fee will be determined by the department with advice and consultation from the appropriate professional group and will reflect the amount of resources involved in service provision.

(1) to (3) No change.

ITEM 3. Amend subparagraph **79.1(24)“a”(1)** as follows:

(1) ~~Effective July 1, 2009, a~~ A unit of case management is 15 minutes.

ITEM 4. Amend subparagraph **90.5(1)“b”(5)** as follows:

(5) Include an individualized crisis intervention plan that identifies the supports available to the member in an emergency. A crisis intervention plan shall identify:

1. Any health and safety issues applicable to the individual member based on the risk factors identified in the member’s comprehensive assessment.

2. An emergency backup support and crisis response system, including emergency backup staff designated by providers, to address problems or issues arising when support services are interrupted or delayed or the member’s needs change. The interdisciplinary team shall determine which of the following options will be included in the crisis intervention plan:

- After-hours contact information for all persons or resources identified for the member and an alternate contact to be used in the event that an individual provider not employed by an agency is not present to provide services as scheduled; or

- After-hours contact information for an on-call system for the provider of case management to ensure that in the event of an emergency, members have access to a case manager 24 hours per day, including weekends and holidays.

ITEM 5. Amend subparagraph **90.5(1)“e”(2)** as follows:

(2) The case manager shall have at least one contact per month with the member, the member’s legally authorized representative, the member’s family, service providers, or other entities or individuals. This contact may be face-to-face or by telephone. The contact may also be by written communication, including letters, E-mail, and fax, when the written communication directly pertains to the needs of the member. E-mail contacts are allowed only when other means of communication are not feasible for the member, representative or family and the necessity for E-mail communication is documented in the member’s comprehensive service plan. A copy of any written communication must be maintained in the case file. When E-mail communication is used, there must be clear two-way communication in the member’s record showing an exchange of information as well as follow-up activity related to the information.

ITEM 6. Amend subrule 90.5(2) as follows:

90.5(2) Exclusions. Payment shall not be made for activities otherwise within the definition of case management when any of the following conditions exist:

a. The activities are an integral component of another covered Medicaid service, including but not limited to assertive community treatment (ACT).

b. to e. No change.

ITEM 7. Rescind and reserve subrule **90.8(2)**.

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 6/29/11.